



RESERVATION REQUEST

MARRIOTT AT METRO CENTER

RESERVATION REQUEST

775 12TH Street NW, Washington, DC 20005
(202) 737-2200 Phone
(202) 824-6106 Fax

The **Marriott at Metro Center** Washington, DC is pleased you have selected us for your upcoming visit. Our staff looks forward to providing you with the finest accommodations, in the Nation's Capital.

To make your reservation we request that you either:

- 1) Send a check or money order covering the first night's stay – *OR*-.
2) Fill in the *entire* number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA/BANK-AMERICARD, MASTERCARD, CARTE BLANCHE OR DISCOVER.
Don't forget the expiration date and your signature.
3) Please secure your room reservation *before* booking your airline ticket.

The Marriott at Metro Center, Washington DC requires one of the above methods of payment to confirm ANY reservation.

┐ ECMT-USDOT November 2003 ┐

OFFICIAL MEETING DATES

11/04/03 – 11/07/03

<p>Name (Print) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (____) _____ Organization/Firm _____</p> <p>Please Reserve _____ rooms for _____ People for Arrival on _____ Departure on _____ <small>(DAY & DATE) (DAY & DATE)</small></p> <p>Room Type Preferred:** _____ Estimated Arrival Time _____</p> <p><input type="checkbox"/> 1st Available/No Preference <input type="checkbox"/> King Bed Smoking <input type="checkbox"/> 2 Double Beds Smoking</p> <p><input type="checkbox"/> Accessible Room <input type="checkbox"/> King Bed Non-Smoking <input type="checkbox"/> 2 Double Beds Non-Smoking</p> <p>** Every effort will be made to accommodate your preferred room type!</p> <p>Name (s) of person(s) sharing accommodations _____</p> <p>Method of Payment: _____ Honored Guest # _____</p> <p>Credit Card Type: _____</p> <p>Credit Card Number: _____ Expiration Date _____</p> <p>Or Check or Money Order is Enclosed \$ _____ <small>(AMOUNT)</small></p> <p>I authorize the JW Marriott Hotel to charge my account for one night's deposit and all applicable taxes.</p> <p>Signature _____</p> <p>Check out time is 12:00 Noon. Rooms may not be available for check-in until after 4:00 P.M.</p> <p style="text-align: center; font-size: small;">RESERVATIONS REQUESTED AFTER THE CUT OFF DATE AND/OR AFTER THE ROOM BLOCK IS FILLED ARE SUBJECT TO AVAILABILITY AND MAY NOT BE AVAILABLE AT THE GROUP RATE.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">PLEASE CHECK TYPE OF ROOMS REQUESTED</th> </tr> <tr> <td style="padding: 5px;">[] Singles:</td> <td style="text-align: right; padding: 5px;">\$ 150.00</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="padding: 5px;">[] Doubles:</td> <td style="text-align: right; padding: 5px;">\$ 150.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">CUT OFF DATE: 10 / 24 / 03</td> </tr> <tr> <td colspan="2" style="padding: 5px;">RATES DO NOT INCLUDE: 14.5% CITY TAX</td> </tr> <tr> <td colspan="2" style="padding: 5px;">MARKET CODE – DOTG</td> </tr> </table>	PLEASE CHECK TYPE OF ROOMS REQUESTED		[] Singles:	\$ 150.00			[] Doubles:	\$ 150.00	CUT OFF DATE: 10 / 24 / 03		RATES DO NOT INCLUDE: 14.5% CITY TAX		MARKET CODE – DOTG	
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Please add any comments for particular needs to this form. Room types are assigned at check-in.